

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000063333

Entity Name: FAMILYPHARMDS LLC

FILED
Jan 25, 2012
Secretary of State

Current Principal Place of Business:

700 NW 48TH TERRACE
PLANTATION, FL 33317

New Principal Place of Business:

10060 LETHBRIDGE DR
ORLANDO, FL 32829

Current Mailing Address:

PO BOX 742092
BOYNTON BEACH, FL 33474

New Mailing Address:

FEI Number: 45-2757890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUARRIE, DARREN
700 NW 48TH TERRACE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

QUARRIE, DARREN
10060 LETHBRIDGE DR
ORLANDO, FL 32829 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/25/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: QUARRIE, DARREN
Address: 10060 LETHBRIDGE DR
City-St-Zip: ORLANDO, FL 32829

Title: MGRM
Name: KOTEI, STAN
Address: 1260 OAKWATER DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM
Name: GOOMBS, TAHRIK
Address: 8369 EMERALD WINDS CIR
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGRM
Name: SMITH, TRAMAIN
Address: 8930 HIDDEN ACRES DR
City-St-Zip: BOYNTON BEACH, FL 33473

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DARREN QUARRIE

MGRM

01/25/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date